

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 493763-036147

STATE FILE NUMBER

FILED SEP 23 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City North</u>	
Length of stay in 1b <u>2 Yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Beacon Hill Nursing Home</u> <u>2902 Campbell</u>		d. STREET ADDRESS (If outside, give location) <u>6155 Village Lane</u>	
3. NAME OF DECEASED (Type or print) First <u>Georgia</u> Middle <u>E.</u> Last <u>Garrett</u>		4. DATE OF DEATH Month <u>September</u> Day <u>8</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-13-1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Nurse</u>		11. BIRTHPLACE (City and state or country) <u>Huntsville, Missouri</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing Home</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George A. Dale</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Wilson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT Address <u>Mo. Lula D. Berghoff-6155 Village Lane-K.C.N.</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. Frank Garrett</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY Occlusion</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>[REDACTED]</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>8 years</u> <u>10 years</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>[REDACTED]</u>		20c. TIME OF INJURY Hour <u>[REDACTED]</u> Month, Day, Year <u>[REDACTED]</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>[REDACTED]</u>	
20f. CITY, TOWN, OR LOCATION <u>[REDACTED]</u>		COUNTY <u>[REDACTED]</u> STATE <u>[REDACTED]</u>	
21. I attended the deceased from <u>6-17-63</u> to <u>9-8-63</u> and last saw her/him alive on <u>9-8-63</u> Death occurred at <u>6:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Frank Paul Laurencz, M.D.</u>	
22b. ADDRESS <u>428 S. White Ave</u>		22c. DATE SIGNED <u>9-8-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 10, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Huntsville, Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u>	
24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons-North Kansas City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-9-63</u>	
26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
Frank Paul Laurencz, M.D.
MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Marion D. Preston

Licensed Embalmer No. 5040

P. O. Address No. Ken City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.